



Teamwork for Effective Arizona Marketing (TEAM) FY 2008 Reimbursement Request

- May be sent at any time during the fiscal year and received by AOT **no later than** 5:00 p.m. Friday, May 30, 2008.
- Only TYPED reimbursement request forms will be accepted.
- Submit completed reimbursement request forms to: TEAM Grant Program
Arizona Office of Tourism
1110 W Washington, Suite 155
Phoenix, AZ 85007

Section A: Applicant Information

Entity Name: _____

2. Application Type: ☐ Individual OR ☐ Individual with Not-for-Profit Partner OR ☐ Regional

3. Mailing Address: Street or PO Box: _____ City: _____ State: AZ Zip Code: _____

4. Project Coordinator's Name and Title: _____

5. Telephone Number: _____ Fax Number: _____ E-mail: _____

Section B: Reimbursable Items

STRATEGIC PLANNING AND RESEARCH

Name/Type of Project	Brief Description	Dollars Spent
		\$
		\$

Total Strategic Planning and Research: \$ _____

PRODUCT DEVELOPMENT

Name/Type of Project	Brief Description	Dollars Spent
		\$
		\$

Total Product Development: \$ _____

PRINT PLACEMENT/PRODUCTION (MAGAZINE, NEWSPAPER)

Publication Name	Ad Size/Color	Issue Date	Dollars Spent
			\$
			\$

Total Print Placement: \$ _____

BROADCAST PLACEMENT/PRODUCTION (RADIO, TELEVISION)

Station Call Letters	Designated Market Area	Spot Length	Broadcast Dates	Dollars Spent
				\$
				\$

Total Broadcast Placement: \$ _____

Exhibit D**OUTDOOR PLACEMENT/PRODUCTION (BILLBOARD, BUSBOARDS, ETC.)**

Type of Placement	Highway Location(s)	County	Dates	Dollars Spent
				\$
				\$

Total Outdoor Placement \$ _____

ONLINE ADVERTISING PLACEMENT/PRODUCTION

Portal/Search Engine Name	Web Site Address	Description	Dates	Dollars Spent
				\$
				\$

Total Online Advertising Placement \$ _____

WEB SITE DEVELOPMENT

Web Site Name	Web Site Address	Description	Dollars Spent
			\$
			\$

Total Web site Development \$ _____

PRINTED MATERIALS (BROCHURES, MAPS, TRAVEL TRADE GUIDE, ETC.)

Name/Type of Printed Material	Target Audience	Quantity	Distribution	Dollars Spent
				\$
				\$

Total Printed Material \$ _____

AUDIO-VISUAL MATERIALS (FILM, VIDEO TAPE, SLIDES, CD-ROM, DVD, ETC.)

Name/Type of Audio-Visual Material	Target Audience	Quantity	Distribution	Dollars Spent
				\$
				\$

Total Audio Visual Material \$ _____

SPECIAL MARKETING OPPORTUNITIES (TRAVEL SHOWS, FAM's)

Name of Show	Date	Location	Target Audience	Dollars Spent
				\$
				\$

Total Special Marketing Opportunities \$ _____

MEDIA COMMUNICATIONS AND PUBLIC RELATIONS

Name/Type of Project	Brief Description	Dollars Spent
		\$
		\$

Total Communications and PR \$ _____

Section C: Total Spent

(For approved items, TEAM will reimburse 50% of Grand Total Spent up to the organization's award limit)

Grand Total Spent \$ _____
AOT office use only _____
31111/ _____

Section D: Signatures

The undersigned hereby confirm that all information contained in this Reimbursement Request is accurate and is in accordance with TEAM FY 2008 Guidelines. Two different signatures are required in order to process this document.

SIGNATURE _____ Date: _____

Name: (Project Coordinator) _____ Organization: _____

SIGNATURE _____ Date: _____

Name: (Administrative Official) _____ Organization: _____

REIMBURSEMENT CHECKLIST

For each item listed in Section B, the following documentation must be included with the Reimbursement Request:

- ☐ **Proof of Charge from Vendor:** Submit legible invoice reflecting date, description and dollar amount. Monthly statements are not acceptable. Only itemized, dated invoices can be considered for reimbursement. A contract which states the charge for the item is also acceptable in cases where no invoice was issued.
- ☐ **Proof of Payment:** Proof of payment must be established prior to reimbursement. Any one of the following items can be used as proof of payment of the expense:
 - Cashier's Checks – Include your copy of a certified check with each invoice. The cashier's check should only reflect payment for expenditure items that are part of the TEAM project.
 - Canceled Checks – Attach a photocopy of the canceled check to certify proof of payment. Your canceled check should only reflect payment for expenditure items that are part of the TEAM project. Checks are only considered canceled when the bank's clearinghouse has encoded the check amount in the lower right hand corner, or if the bank's stamp is affixed on the check indication "paid."
 - Copy of check and payment receipt from the vendor.
- ☐ **Proof of Implementation:** Submit proof that the activity was actually performed. Documentation can include:
 - Ad placement tear sheets (verifying date and name of publication). **Note:** ads must contain AOT "Grand Canyon State" logo as outlined in Exhibit F of these guidelines.
 - Insertion order.
 - Contract or comparable document from the third-party vendor.
 - Copies of audiotapes, videotapes, DVDs or promotional products created.
 - Invoice indicating actual broadcast times and dates.
 - Actual printed materials.
 - Trip reports from trade shows.
 - Billboard photographs showing content.
 - Copies of press releases and distribution list.
 - Copies of draft or final research documents and conclusions